

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	69801	12/9
O.I.P.E. CLASSIFIER			11 12 21-24
FORMALITY REVIEW	SS	65085	1 11 240
RESPONSE FORMALITY REVIEW			

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**INDEX OF CLAIMS**

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
—	(Through numeral) Canceled	A	Appeal
÷	Restricted	O	Objected

Claim	Date
Final	
Original	
3	5-2-93
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Claim	Date
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If more than 150 claims or 10 actions  
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